MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL: 521301
FILING DATE:
APPLICANT(S):

CLAIMS

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
1	1		1			
2	1		1			
3	1		1			
4		3		1		
5		2		1		
6		2		1		
7		3		1		
8		3		1		
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TOTAL IND.	3		3			
TOTAL DEP.	13		12			
TOTAL CLAIMS	14		15			

	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						